

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).  
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
(42 USC 1395g).

WORKSHEET 5  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	14-4009	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 5/18/2009 TIME 12:42

## PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

## CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

RIVER EDGE HOSPITAL 14-4009

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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ECR ENCRYPTION INFORMATION

DATE: 5/18/2009 TIME 12:42

9POFz4vjbdBbn99etG0Bagn100hs90  
1YEAW0ErU2MQQoovfwts7Qd5mnhPT  
4xx.0giY0z0fzFEV

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PI ENCRYPTION INFORMATION

DATE: 5/18/2009 TIME 12:42

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d785y0g0jSCPMXVGrMjz6jI2WTF5Df  
ePhr2Pj5hI068G1A

\_\_\_\_\_  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)\_\_\_\_\_  
TITLE\_\_\_\_\_  
DATE

## PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX	
	1	A 2	B 3		4	
1	HOSPITAL	0	-188,855	0	0	0
100	TOTAL	0	-188,855	0	0	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATA

I PROVIDER NO:	I PERIOD:	I PREPARED 5/18/2009
I 14-4009	I FROM 1/ 1/2008	I WORKSHEET 5-2
I	I TO 12/31/2008	I

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 8311 WEST ROOSEVELT ROAD	P.O. BOX:	
1.01 CITY: FOREST PARK	STATE: IL	ZIP CODE: 60130- COUNTY: COOK

## HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
0	1	2	2.01	3	V XVIII XIX
02.00 HOSPITAL	RIVER EDGE HOSPITAL	14-4009		7/ 1/1967	N P O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
20 SUBPROVIDER

## OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3.

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3.

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&amp;R?

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)				
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.				
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	1	2	3	4
		0	0.0000	0.0000	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	0		
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)					
28.03	STAFFING	%	Y/N		
28.04	RECRUITMENT	0.00%			
28.05	RETENTION	0.00%			
28.06	TRAINING	0.00%			
28.07		0.00%			
28.08		0.00%			
28.09		0.00%			
28.10		0.00%			
28.11		0.00%			
28.12		0.00%			
28.13		0.00%			
28.14		0.00%			
28.15		0.00%			
28.16		0.00%			
28.17		0.00%			
28.18		0.00%			
28.19		0.00%			
28.20		0.00%			
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)				
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).				
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II				
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
MISCELLANEOUS COST REPORT INFORMATION					
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	V	XVIII	XIX	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE	1	2	3	
		N	N	N	

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N Y  
DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N  
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?  
TITLE XIX INPATIENT SERVICES  
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y  
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N  
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?  
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.  
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y  
40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #  
40.02 STREET: P.O. BOX:  
40.03 CITY: STATE: ZIP CODE: -  
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N  
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)  
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N  
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /  
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
PREMIUMS: 0  
PAID LOSSES: 0  
AND/OR SELF INSURANCE: 0  
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N  
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N  
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N  
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).  
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N  
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/18/2009
I	14-4009	I	FROM 1/ 1/2008	I	WORKSHEET	S-2
I		I	TO 12/31/2008	I		

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

## MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00
62.01						0.00
62.02						0.00
62.03						0.00
62.04						0.00
62.05						0.00
62.06						0.00
62.07						0.00
62.08						0.00
62.09						0.00

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/18/2009
I	14-4009	I	FROM 1/ 1/2008	I	WORKSHEET S-3	
I		I	TO 12/31/2008	I	PART I	

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	196	71,736			7,401		29,187
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	196	71,736			7,401		29,187
12	TOTAL	196	71,736			7,401		29,187
13	RPCH VISITS							
17	OTHER LONG TERM CARE	14	5,124					
25	TOTAL	210						
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			39,330				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			39,330				
12	TOTAL			39,330				
13	RPCH VISITS							
17	OTHER LONG TERM CARE			4,834				
25	TOTAL							
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV --- NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					657	1,640	2,784
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
12	TOTAL		244.89			657	1,640	2,784
13	RPCH VISITS							
17	OTHER LONG TERM CARE		15.62					1
25	TOTAL		260.51					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

## HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/18/2009  
 I 14-4009 I FROM 1/ 1/2008 I WORKSHEET S-3  
 I I TO 12/31/2008 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	14,635,589		14,635,589			
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	765,889	265,674	1,031,563			
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)						CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS						CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	141,549		141,549			
22 ADMINISTRATIVE & GENERAL	3,372,869	-265,674	3,107,195			
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	177,823	-33,551	144,272			
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING		33,551	33,551			
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	358,554		358,554			
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	964,460		964,460			
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	212,806		212,806			
34 SOCIAL SERVICE	1,022,264		1,022,264			
35 OTHER GENERAL SERVICE						

## PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	14,635,589		14,635,589
2 EXCLUDED AREA SALARIES	765,889	265,674	1,031,563
3 SUBTOTAL SALARIES	13,869,700	-265,674	13,604,026
4 SUBTOTAL OTHER WAGES & RELATED COSTS			
5 SUBTOTAL WAGE-RELATED COSTS			
6 TOTAL	13,869,700	-265,674	13,604,026
7 NET SALARIES			
8 EXCLUDED AREA SALARIES			
9 SUBTOTAL SALARIES			
10 SUBTOTAL OTHER WAGES & RELATED COSTS			
11 SUBTOTAL WAGE-RELATED COSTS			
12 TOTAL			
13 TOTAL OVERHEAD COSTS	6,250,325	-265,674	5,984,651

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-4009  
II PERIOD:  
I FROM 1/ 1/2008  
I TO 12/31/2008  
II PREPARED 5/18/2009  
I WORKSHEET A  
I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		702,645	702,645	1,475,339	2,177,984
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		28,885	28,885	53,199	82,084
5	0500	EMPLOYEE BENEFITS	141,549	1,259,808	1,401,357	5,053	1,406,410
6	0600	ADMINISTRATIVE & GENERAL	3,372,869	5,491,882	8,864,751	-2,297,352	6,567,399
8	0800	OPERATION OF PLANT	177,823	1,631,476	1,809,299	-780,169	1,029,130
9	0900	LAUNDRY & LINEN SERVICE				83,671	83,671
10	1000	HOUSEKEEPING				704,260	704,260
11	1100	DIETARY	358,554	707,299	1,065,853		1,065,853
12	1200	CAFETERIA					
14	1400	NURSING ADMINISTRATION	964,460	175,898	1,140,358	-2,751	1,137,607
17	1700	MEDICAL RECORDS & LIBRARY	212,806	145,790	358,596		358,596
18	1800	SOCIAL SERVICE	1,022,264	121,329	1,143,593		1,143,593
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	7,306,801	898,384	8,205,185	413,664	8,618,849
36	3600	OTHER LONG TERM CARE	765,889	159,283	925,172		925,172
		ANCILLARY SRVC COST CNTRS					
41	4100	RADIOLOGY-DIAGNOSTIC					
44	4400	LABORATORY		198,860	198,860		198,860
53	5300	ELECTROCARDIOLOGY					
56	5600	DRUGS CHARGED TO PATIENTS		1,040,512	1,040,512		1,040,512
59	3950	OUTPATIENT PSYCH					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	312,574	32,810	345,384		345,384
		SPEC PURPOSE COST CENTERS					
95		SUBTOTALS	14,635,589	12,594,861	27,230,450	-345,086	26,885,364
		NONREIMBURS COST CENTERS					
98	9800	PHYSICIANS' PRIVATE OFFICES				345,086	345,086
100	7950	COMMUNITY RELATIONS				-0-	27,230,450
101		TOTAL	14,635,589	12,594,861	27,230,450		



RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-4009  
II PERIOD:  
I FROM 1/ 1/2008  
I TO 12/31/2008  
II PREPARED 5/18/2009  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,194,639	983,345
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	175,856	257,940
5	0500 EMPLOYEE BENEFITS	-216,502	1,189,908
6	0600 ADMINISTRATIVE & GENERAL	-1,607,487	4,959,912
8	0800 OPERATION OF PLANT	-1,587	1,027,543
9	0900 LAUNDRY & LINEN SERVICE		83,671
10	1000 HOUSEKEEPING		704,260
11	1100 DIETARY	-39,239	1,026,614
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-26,249	1,111,358
17	1700 MEDICAL RECORDS & LIBRARY	-203	358,393
18	1800 SOCIAL SERVICE		1,143,593
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-398,580	8,220,269
36	3600 OTHER LONG TERM CARE	-145,861	779,311
	ANCILLARY SRVC COST CNTRS		
41	4100 RADIOLOGY-DIAGNOSTIC		
44	4400 LABORATORY		198,860
53	5300 ELECTROCARDIOLOGY		
56	5600 DRUGS CHARGED TO PATIENTS		1,040,512
59	3950 OUTPATIENT PSYCH		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-36,653	308,731
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-3,491,144	23,394,220
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		345,086
100	7950 COMMUNITY RELATIONS		
101	TOTAL	-3,491,144	23,739,306

## COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/18/2009  
I 14-4009 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET  
I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
53	ELECTROCARDIOLOGY	5300	
56	DRUGS CHARGED TO PATIENTS	5600	
59	OUTPATIENT PSYCH	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	COMMUNITY RELATIONS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

## RECLASSIFICATIONS

 PROVIDER NO:  
144009

PERIOD:

FROM 1/ 1/2008

TO 12/31/2008

PREPARED 5/18/2009

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 LEASE\RENTAL	A	NEW CAP REL COSTS-BLDG & FIXT	3		1,464,000
2		NEW CAP REL COSTS-MVBLE EQUIP	4		36,430
3					
4 PHYSICIAN FEES	B	ADULTS & PEDIATRICS	25		413,664
5 COMMUNITIY RELATIONS	C	COMMUNITY RELATIONS	100	265,674	79,412
6 INSURANCE	D	NEW CAP REL COSTS-BLDG & FIXT	3		11,339
7 LAUNDRY	E	LAUNDRY & LINEN SERVICE	9		83,671
8		HOUSEKEEPING	10	33,551	670,709
9 INTEREST	F	NEW CAP REL COSTS-MVBLE EQUIP	4		16,769
10 ADMINISTRATION MISCELLANEOUS	G	EMPLOYEE BENEFITS	5		5,053
11		OPERATION OF PLANT	8		18,512
36 TOTAL RECLASSIFICATIONS				299,225	2,799,559

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

## RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 LEASE\RENTAL	A	ADMINISTRATIVE & GENERAL	6			1,486,929	10
2		OPERATION OF PLANT	8			10,750	10
3		NURSING ADMINISTRATION	14			2,751	
4 PHYSICIAN FEES	B	ADMINISTRATIVE & GENERAL	6			413,664	
5 COMMUNITY RELATIONS	C	ADMINISTRATIVE & GENERAL	6		265,674	79,412	
6 INSURANCE	D	ADMINISTRATIVE & GENERAL	6			11,339	12
7 LAUNDRY	E	OPERATION OF PLANT	8		33,551	754,380	
8							
9 INTEREST	F	ADMINISTRATIVE & GENERAL	6			16,769	11
10 ADMINISTRATION MISCELLANEOUS	G	ADMINISTRATIVE & GENERAL	6			23,565	
11							
36 TOTAL RECLASSIFICATIONS					299,225	2,799,559	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

## RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
144009	FROM 1/ 1/2008	5/18/2009
	TO 12/31/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : LEASE\RENTAL

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,464,000
2.00	NEW CAP REL COSTS-MVBLE EQUIP	36,430
3.00		0
TOTAL RECLASSIFICATIONS FOR CODE A		1,500,430

DECREASE		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	1,486,929
OPERATION OF PLANT	8	10,750
NURSING ADMINISTRATION	14	2,751
		1,500,430

RECLASS CODE: B  
EXPLANATION : PHYSICIAN FEES

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	413,664
TOTAL RECLASSIFICATIONS FOR CODE B		413,664

DECREASE		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	413,664
		413,664

RECLASS CODE: C  
EXPLANATION : COMMUNITY RELATIONS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	COMMUNITY RELATIONS	345,086
TOTAL RECLASSIFICATIONS FOR CODE C		345,086

DECREASE		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	345,086
		345,086

RECLASS CODE: D  
EXPLANATION : INSURANCE

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	11,339
TOTAL RECLASSIFICATIONS FOR CODE D		11,339

DECREASE		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	11,339
		11,339

RECLASS CODE: E  
EXPLANATION : LAUNDRY

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	83,671
2.00	HOUSEKEEPING	704,260
TOTAL RECLASSIFICATIONS FOR CODE E		787,931

DECREASE		
COST CENTER	LINE	AMOUNT
OPERATION OF PLANT	8	787,931
		0
		787,931

RECLASS CODE: F  
EXPLANATION : INTEREST

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	16,769
TOTAL RECLASSIFICATIONS FOR CODE F		16,769

DECREASE		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	16,769
		16,769

RECLASS CODE: G  
EXPLANATION : ADMINISTRATION MISCELLANEOUS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	5,053
2.00	OPERATION OF PLANT	18,512
TOTAL RECLASSIFICATIONS FOR CODE G		23,565

DECREASE		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	23,565
		0
		23,565

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	1,263,514	264,836		264,836		1,528,350	
7 SUBTOTAL	1,263,514	264,836		264,836		1,528,350	
8 RECONCILING ITEMS							
9 TOTAL	1,263,514	264,836		264,836		1,528,350	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED GROSS ASSETS	RATIO	INSURANCE	TAXES	OTHER CAPITAL	
		1	2	3	5	6	7	8
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL			1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL	
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	-897,660	1,464,000		11,339	402,116	3,550	983,345
4	NEW CAP REL COSTS-MV	206,891	36,430	16,769	-2,150			257,940
5	TOTAL	-690,769	1,500,430	16,769	9,189	402,116	3,550	1,241,285

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL	
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	296,979				402,116	3,550	702,645
4	NEW CAP REL COSTS-MV	28,885						28,885
5	TOTAL	325,864				402,116	3,550	731,530

- \* All line numbers except line 5 are to be consistent with worksheet A line numbers for capital cost centers.  
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.  
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

## ADJUSTMENTS TO EXPENSES

I PROVIDER NO:  
I 14-4009  
II PERIOD:  
I FROM 1/ 1/2008  
I TO 12/31/2008 II PREPARED 5/18/2009  
I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1			**COST CENTER DELETED**		1	
2			**COST CENTER DELETED**		2	
3			NEW CAP REL COSTS-BLDG &		3	
4			NEW CAP REL COSTS-MVBLE E		4	
5						
6						
7						
8						
9						
10						
11						
12	A-8-2	-903,690				
13						
14	A-8-1	-526,104				
15						
16	B	-39,239	DIETARY		11	
17						
18						
19						
20	B	-203	MEDICAL RECORDS & LIBRARY		17	
21						
22	B	-1,587	OPERATION OF PLANT		8	
23						
24						
25	A-8-3/A-8-4		**COST CENTER DELETED**		49	
26	A-8-3/A-8-4		**COST CENTER DELETED**		50	
27	A-8-3					
28			**COST CENTER DELETED**		89	
29			**COST CENTER DELETED**		1	
30			**COST CENTER DELETED**		2	
31	A	269,361	NEW CAP REL COSTS-BLDG &		3	9
32	A	178,006	NEW CAP REL COSTS-MVBLE E		4	9
33			**COST CENTER DELETED**		20	
34						
35	A-8-4		**COST CENTER DELETED**		51	
36	A-8-4		**COST CENTER DELETED**		52	
37	B	-9,626	ADMINISTRATIVE & GENERAL		6	
38	A	-66,498	ADMINISTRATIVE & GENERAL		6	
39	A	-36,653	CLINIC		60	
40	A	-26,249	NURSING ADMINISTRATION		14	
41						
42						
43	A	-2,150	NEW CAP REL COSTS-MVBLE E		4	12
44	A	-162,184	ADMINISTRATIVE & GENERAL		6	
45	A	-873	ADULTS & PEDIATRICS		25	
46	A	-1,464,000	NEW CAP REL COSTS-BLDG &		3	9
47	A	-71,017	EMPLOYEE BENEFITS		5	
48	A	-89,636	EMPLOYEE BENEFITS		5	
48.01	A	-139,586	ADMINISTRATIVE & GENERAL		6	
48.03	A	-177,261	ADULTS & PEDIATRICS		25	
48.04	A	-121,753	OTHER LONG TERM CARE		36	
48.05						
49	A	-55,849	EMPLOYEE BENEFITS		5	
49.01	A	-44,353	ADMINISTRATIVE & GENERAL		6	
50		-3,491,144				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7



A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE EXPENSE	876,840	1,402,944	-526,104
2						
3						
4						
5		TOTALS		876,840	1,402,944	-526,104

\* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:  
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	PSI	PSI	100.00	HEALTHCARE
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

## PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:  
I 14-4009  
II PERIOD:  
I FROM 1/ 1/2008  
I TO 12/31/2008I PREPARED 5/18/2009  
I WORKSHEET A-8-2  
I GROUP 1

	WKSHT A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	25	AGGR	413,664	10,380	403,284	154,100	2,608	193,218	9,661
2	36	AGGR	51,520		51,520	154,100	370	27,412	1,371
3									
4	6	AGGR	659,136	659,136					
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	1,124,320	669,516	454,804		2,978	220,630	11,032

## PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:

I PERIOD:

I PREPARED 5/18/2009

I 14-4009

I FROM 1/ 1/2008

I WORKSHEET A-8-2

I

I TO 12/31/2008

I GROUP 1

	WKSHT A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUSTMENT 18
1	25	AGGR					193,218	210,066	220,446
2	36	AGGR					27,412	24,108	24,108
3									
4	6	AGGR							659,136
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL					220,630	234,174	903,690

## COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/18/2009  
 I 14-4009 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	PATIENT	DAYS	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	6	PATIENT	DAYS	ENTERED
12	CAFETERIA	9	FTE'S	SERVED	ENTERED
14	NURSING ADMINISTRATION	10	DIRECT	NRSING HRS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	6	PATIENT	DAYS	ENTERED

## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/18/2009  
 I 14-4009 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00	ADMINISTRATIV E & GENERAL 6	OPERATION OF PLANT 8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	983,345	983,345					
005 NEW CAP REL COSTS-MVBLE E	257,940		257,940				
006 EMPLOYEE BENEFITS	1,189,908	5,946	1,625	1,197,479			
008 ADMINISTRATIVE & GENERAL	4,959,912	170,989	46,742	256,713	5,434,356	5,434,356	
009 OPERATION OF PLANT	1,027,543	58,354	15,952	11,920	1,113,769	330,655	1,444,424
010 LAUNDRY & LINEN SERVICE	83,671	11,312	3,092		98,075	29,116	21,842
011 HOUSEKEEPING	704,260	12,110	3,311	2,772	722,453	214,481	23,384
012 DIETARY	1,026,614	57,633	15,755	29,623	1,129,625	335,362	111,283
014 CAFETERIA							
017 NURSING ADMINISTRATION	1,111,358	55,285	15,113	79,683	1,261,439	374,495	106,751
018 MEDICAL RECORDS & LIBRARY	358,393	9,615	2,628	17,582	388,218	115,254	18,565
025 SOCIAL SERVICE	1,143,593	19,859	5,429	84,458	1,253,339	372,090	38,346
036 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	8,220,269	471,226	128,814	603,676	9,423,985	2,797,784	909,892
OTHER LONG TERM CARE	779,311	47,290	12,927	63,277	902,805	268,024	91,311
ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC							
044 LABORATORY	198,860	2,962	810		202,632	60,157	5,720
053 ELECTROCARDIOLOGY							
056 DRUGS CHARGED TO PATIENTS	1,040,512	8,441	2,308		1,051,261	312,097	16,299
059 OUTPATIENT PSYCH							
OUTPAT SERVICE COST CNTRS							
060 CLINIC	308,731	6,073	1,660	25,825	342,289	101,618	11,726
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	23,394,220	937,095	256,166	1,175,529	23,324,246	5,311,133	1,355,119
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC		39,760			39,760	11,804	76,773
100 COMMUNITY RELATIONS	345,086	6,490	1,774	21,950	375,300	111,419	12,532
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	23,739,306	983,345	257,940	1,197,479	23,739,306	5,434,356	1,444,424

## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/18/2009  
 I 14-4009 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION		LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
		9	10	11	12	14	17	18
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE	149,033						
011	HOUSEKEEPING		960,318					
012	DIETARY		76,377	1,652,647				
014	CAFETERIA							
017	NURSING ADMINISTRATION		73,267			1,815,952		
018	MEDICAL RECORDS & LIBRARY		12,742				534,779	
025	SOCIAL SERVICE		26,318					1,690,093
036	INPAT ROUTINE SRVC CNTRS							
041	ADULTS & PEDIATRICS	132,720	624,490	1,471,755		1,571,626	459,558	1,505,103
044	OTHER LONG TERM CARE	16,313	62,670	180,892		165,739	16,843	184,990
053	ANCILLARY SRVC COST CNTRS							
056	RADIOLOGY-DIAGNOSTIC							
059	LABORATORY		3,926				8,912	
060	ELECTROCARDIOLOGY							
095	DRUGS CHARGED TO PATIENTS		11,187				30,197	
098	OUTPATIENT PSYCH							
100	OUTPAT SERVICE COST CNTRS							
101	CLINIC		8,048			78,587	19,269	
102	SPEC PURPOSE COST CENTERS							
103	SUBTOTALS	149,033	899,025	1,652,647		1,815,952	534,779	1,690,093
104	NONREIMBURS COST CENTERS							
105	PHYSICIANS' PRIVATE OFFIC		52,692					
106	COMMUNITY RELATIONS		8,601					
107	CROSS FOOT ADJUSTMENT							
108	NEGATIVE COST CENTER							
109	TOTAL	149,033	960,318	1,652,647		1,815,952	534,779	1,690,093

## COST ALLOCATION - GENERAL SERVICE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/18/2009
I	14-4009	I	FROM 1/ 1/2008	I	WORKSHEET B
I		I	TO 12/31/2008	I	PART I

	COST CENTER DESCRIPTION	SUBTOTAL 25	I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
	GENERAL SERVICE COST CNTR			
003	NEW CAP REL COSTS-BLDG &			
004	NEW CAP REL COSTS-MVBLE E			
005	EMPLOYEE BENEFITS			
006	ADMINISTRATIVE & GENERAL			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATION			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	18,896,913		18,896,913
036	OTHER LONG TERM CARE	1,889,587		1,889,587
	ANCILLARY SRVC COST CNTRS			
041	RADIOLOGY-DIAGNOSTIC			
044	LABORATORY	281,347		281,347
053	ELECTROCARDIOLOGY			
056	DRUGS CHARGED TO PATIENTS	1,421,041		1,421,041
059	OUTPATIENT PSYCH			
	OUTPAT SERVICE COST CNTRS			
060	CLINIC	561,537		561,537
	SPEC PURPOSE COST CENTERS			
095	SUBTOTALS	23,050,425		23,050,425
	NONREIMBURS COST CENTERS			
098	PHYSICIANS' PRIVATE OFFIC	181,029		181,029
100	COMMUNITY RELATIONS	507,852		507,852
101	CROSS FOOT ADJUSTMENT			
102	NEGATIVE COST CENTER			
103	TOTAL	23,739,306		23,739,306

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/18/2009  
 I 14-4009 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART III

	COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS		5,946	1,625	7,571	7,571		
006	ADMINISTRATIVE & GENERAL	19,113	170,989	46,742	236,844	1,622	238,466	
008	OPERATION OF PLANT		58,354	15,952	74,306	75	14,509	88,890
009	LAUNDRY & LINEN SERVICE		11,312	3,092	14,404		1,278	1,344
010	HOUSEKEEPING		12,110	3,311	15,421	18	9,411	1,439
011	DIETARY		57,633	15,755	73,388	187	14,716	6,848
012	CAFETERIA							
014	NURSING ADMINISTRATION		55,285	15,113	70,398	503	16,433	6,569
017	MEDICAL RECORDS & LIBRARY		9,615	2,628	12,243	111	5,057	1,143
018	SOCIAL SERVICE		19,859	5,429	25,288	534	16,327	2,360
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		471,226	128,814	600,040	3,819	122,773	55,995
036	OTHER LONG TERM CARE		47,290	12,927	60,217	400	11,761	5,619
041	ANCILLARY SRVC COST CNTRS							
044	RADIOLOGY-DIAGNOSTIC							
044	LABORATORY		2,962	810	3,772		2,640	352
053	ELECTROCARDIOLOGY							
056	DRUGS CHARGED TO PATIENTS		8,441	2,308	10,749		13,695	1,003
059	OUTPATIENT PSYCH							
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC		6,073	1,660	7,733	163	4,459	722
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	19,113	937,095	256,166	1,212,374	7,432	233,059	83,394
098	NONREIMBURS COST CENTERS							
098	PHYSICIANS' PRIVATE OFFIC		39,760		39,760		518	4,725
100	COMMUNITY RELATIONS		6,490	1,774	8,264	139	4,889	771
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	19,113	983,345	257,940	1,260,398	7,571	238,466	88,890



## ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/18/2009  
 I 14-4009 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	9	10	11	12	14	17	18
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	17,026						
011 HOUSEKEEPING		26,289					
012 DIETARY		2,091	97,230				
014 CAFETERIA							
017 NURSING ADMINISTRATION		2,006			95,909		
018 MEDICAL RECORDS & LIBRARY		349				18,903	
025 SOCIAL SERVICE		720					45,229
036 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	15,162	17,097	86,588		83,005	16,241	40,278
OTHER LONG TERM CARE	1,864	1,716	10,642		8,753	596	4,951
ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC							
044 LABORATORY		107				315	
053 ELECTROCARDIOLOGY							
056 DRUGS CHARGED TO PATIENTS		306				1,069	
059 OUTPATIENT PSYCH							
060 OUTPAT SERVICE COST CNTRS							
CLINIC		220			4,151	682	
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	17,026	24,612	97,230		95,909	18,903	45,229
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC		1,442					
100 COMMUNITY RELATIONS		235					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	17,026	26,289	97,230		95,909	18,903	45,229

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/18/2009
I	14-4009	I	FROM 1/ 1/2008	I	WORKSHEET B	
I		I	TO 12/31/2008	I	PART III	

	COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		25	26	27
	GENERAL SERVICE COST CNTR			
003	NEW CAP REL COSTS-BLDG &			
004	NEW CAP REL COSTS-MVBLE E			
005	EMPLOYEE BENEFITS			
006	ADMINISTRATIVE & GENERAL			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATION			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	1,040,998		1,040,998
036	OTHER LONG TERM CARE	106,519		106,519
	ANCILLARY SRVC COST CNTRS			
041	RADIOLOGY-DIAGNOSTIC			
044	LABORATORY	7,186		7,186
053	ELECTROCARDIOLOGY			
056	DRUGS CHARGED TO PATIENTS	26,822		26,822
059	OUTPATIENT PSYCH			
	OUTPAT SERVICE COST CNTRS			
060	CLINIC	18,130		18,130
	SPEC PURPOSE COST CENTERS			
095	SUBTOTALS	1,199,655		1,199,655
	NONREIMBURS COST CENTERS			
098	PHYSICIANS' PRIVATE OFFIC	46,445		46,445
100	COMMUNITY RELATIONS	14,298		14,298
101	CROSS FOOT ADJUSTMENTS			
102	NEGATIVE COST CENTER			
103	TOTAL	1,260,398		1,260,398

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/18/2009  
 I 14-4009 I FROM 1/ 1/2008 I WORKSHEET B-1  
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	RECONCIL- IATION	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
	(SQUARE FEET	(SQUARE )FEET	( GROSS ) SALARIES		( ACCUM. COST	(SQUARE )FEET
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	139,092					
005 NEW CAP REL COSTS-MVB		133,468				
006 EMPLOYEE BENEFITS	841	841	14,494,040			
008 ADMINISTRATIVE & GENE	24,186	24,186	3,107,195	-5,434,356	18,304,950	
009 OPERATION OF PLANT	8,254	8,254	144,272		1,113,769	105,811
010 LAUNDRY & LINEN SERVI	1,600	1,600			98,075	1,600
011 HOUSEKEEPING	1,713	1,713	33,551		722,453	1,713
012 DIETARY	8,152	8,152	358,554		1,129,625	8,152
014 CAFETERIA						
017 NURSING ADMINISTRATIO	7,820	7,820	964,460		1,261,439	7,820
018 MEDICAL RECORDS & LIB	1,360	1,360	212,806		388,218	1,360
025 SOCIAL SERVICE	2,809	2,809	1,022,264		1,253,339	2,809
036 INPAT ROUTINE SRVC CN						
041 ADULTS & PEDIATRICS	66,654	66,654	7,306,801		9,423,985	66,654
044 OTHER LONG TERM CARE	6,689	6,689	765,889		902,805	6,689
053 ANCILLARY SRVC COST C						
056 RADIOLOGY-DIAGNOSTIC						
059 LABORATORY	419	419			202,632	419
060 ELECTROCARDIOLOGY						
095 DRUGS CHARGED TO PATI	1,194	1,194			1,051,261	1,194
098 OUTPATIENT PSYCH						
100 OUTPAT SERVICE COST C						
101 CLINIC	859	859	312,574		342,289	859
102 SPEC PURPOSE COST CEN						
103 SUBTOTALS	132,550	132,550	14,228,366	-5,434,356	17,889,890	99,269
104 NONREIMBURS COST CENT						
105 PHYSICIANS' PRIVATE O	5,624				39,760	5,624
106 COMMUNITY RELATIONS	918	918	265,674		375,300	918
107 CROSS FOOT ADJUSTMENT						
108 NEGATIVE COST CENTER						
109 COST TO BE ALLOCATED	983,345	257,940	1,197,479		5,434,356	1,444,424
110 (WRKSHT B, PART I)						
111 UNIT COST MULTIPLIER	7.069745		.082619		.296879	
112 (WRKSHT B, PT I)		1.932598				13.650981
113 COST TO BE ALLOCATED						
114 (WRKSHT B, PART II)						
115 UNIT COST MULTIPLIER						
116 (WRKSHT B, PT II)						
117 COST TO BE ALLOCATED			7,571		238,466	88,890
118 (WRKSHT B, PART III)						
119 UNIT COST MULTIPLIER			.000522		.013027	
120 (WRKSHT B, PT III)						.840083

## COST ALLOCATION -- STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/18/2009  
 I 14-4009 I FROM 1/ 1/2008 I WORKSHEET B-1  
 I TO 12/31/2008 I

COST CENTER DESCRIPTION	LAUNDRY & LIN HOUSEKEEPING EN SERVICE		DIETARY	CAFETERIA	NURSING ADMIN	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	(PATIENT DAYS	(SQUARE )FEET	(PATIENT )DAYS	(FTE'S )SERVED	(DIRECT )NRSING HRS	( )GROSS CHARGES	(PATIENT )DAYS
	9	10	11	12	14	17	18
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENE							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVI	44,164						
011 HOUSEKEEPING		102,498					
012 DIETARY		8,152	44,164				
012 CAFETERIA				20,905			
014 NURSING ADMINISTRATIO		7,820		1,425	355,993		
017 MEDICAL RECORDS & LIB		1,360		466		60,284,546	
018 SOCIAL SERVICE		2,809		1,454			44,164
025 INPAT ROUTINE SRVC CN							
036 ADULTS & PEDIATRICS	39,330	66,654	39,330	14,812	308,096	51,805,015	39,330
041 OTHER LONG TERM CARE	4,834	6,689	4,834	1,562	32,491	1,898,614	4,834
044 ANCILLARY SRVC COST C							
053 RADIOLOGY-DIAGNOSTIC							
056 LABORATORY		419				1,004,675	
059 ELECTROCARDIOLOGY							
060 DRUGS CHARGED TO PATI		1,194		400		3,404,067	
060 OUTPAT SERVICE COST C							
095 CLINIC		859		741	15,406	2,172,175	
098 SPEC PURPOSE COST CEN							
100 SUBTOTALS	44,164	95,956	44,164	20,860	355,993	60,284,546	44,164
101 NONREIMBURS COST CENT							
102 PHYSICIANS' PRIVATE O		5,624					
103 COMMUNITY RELATIONS		918		45			
104 CROSS FOOT ADJUSTMENT							
105 NEGATIVE COST CENTER							
106 COST TO BE ALLOCATED	149,033	960,318	1,652,647		1,815,952	534,779	1,690,093
107 (WRKSHT B, PART I)							
108 UNIT COST MULTIPLIER		9.369139				.008871	
(WRKSHT B, PT I)	3.374536		37.420682		5.101089		38.268567
105 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
107 UNIT COST MULTIPLIER							
108 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	17,026	26,289	97,230		95,909	18,903	45,229
108 (WRKSHT B, PART III)							
UNIT COST MULTIPLIER		.256483				.000314	
(WRKSHT B, PT III)	.385518		2.201567		.269413		1.024115

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	14-4009	I	FROM 1/ 1/2008	I	5/18/2009
I		I	TO 12/31/2008	I	WORKSHEET C
				I	PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
36	ADULTS & PEDIATRICS	18,896,913		18,896,913	210,066	19,106,979
	OTHER LONG TERM CARE	1,889,587		1,889,587	24,108	1,913,695
41	ANCILLARY SRVC COST CNTRS					
44	RADIOLOGY-DIAGNOSTIC					
53	LABORATORY	281,347		281,347		281,347
56	ELECTROCARDIOLOGY					
59	DRUGS CHARGED TO PATIENTS	1,421,041		1,421,041		1,421,041
	OUTPATIENT PSYCH					
60	OUTPAT SERVICE COST CNTRS					
	CLINIC	561,537		561,537		561,537
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	23,050,425		23,050,425	234,174	23,284,599
102	LESS OBSERVATION BEDS					
103	TOTAL	23,050,425		23,050,425	234,174	23,284,599

I PROVIDER NO: I PERIOD: I PREPARED 5/18/2009  
 I 14-4009 I FROM 1/ 1/2008 I WORKSHEET C  
 I I TO 12/31/2008 I PART I

## COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	51,805,015		51,805,015			
36	OTHER LONG TERM CARE	1,898,614		1,898,614			
	ANCILLARY SRVC COST CNTRS						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY	1,004,675		1,004,675	.280038	.280038	.280038
53	ELECTROCARDIOLOGY						
56	DRUGS CHARGED TO PATIENTS	3,404,067		3,404,067	.417454	.417454	.417454
59	OUTPATIENT PSYCH						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		2,172,175	2,172,175	.258514	.258514	.258514
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	58,112,371	2,172,175	60,284,546			
102	LESS OBSERVATION BEDS						
103	TOTAL	58,112,371	2,172,175	60,284,546			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/18/2009
I	14-4009	I	FROM 1/ 1/2008	I	WORKSHEET C	
I		I	TO 12/31/2008	I	PART I	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
36	ADULTS & PEDIATRICS	18,896,913		18,896,913	210,066	19,106,979
	OTHER LONG TERM CARE	1,889,587		1,889,587	24,108	1,913,695
41	ANCILLARY SRVC COST CNTRS					
44	RADIOLOGY-DIAGNOSTIC					
53	LABORATORY	281,347		281,347		281,347
56	ELECTROCARDIOLOGY					
59	DRUGS CHARGED TO PATIENTS	1,421,041		1,421,041		1,421,041
	OUTPATIENT PSYCH					
60	OUTPAT SERVICE COST CNTRS					
	CLINIC	561,537		561,537		561,537
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	23,050,425		23,050,425	234,174	23,284,599
102	LESS OBSERVATION BEDS					
103	TOTAL	23,050,425		23,050,425	234,174	23,284,599

I PROVIDER NO: I PERIOD: I PREPARED 5/18/2009  
 I 14-4009 I FROM 1/ 1/2008 I WORKSHEET C  
 I I TO 12/31/2008 I PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	51,805,015		51,805,015			
36	OTHER LONG TERM CARE	1,898,614		1,898,614			
	ANCILLARY SRVC COST CNTRS						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY	1,004,675		1,004,675	.280038	.280038	.280038
53	ELECTROCARDIOLOGY						
56	DRUGS CHARGED TO PATIENTS	3,404,067		3,404,067	.417454	.417454	.417454
59	OUTPATIENT PSYCH						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		2,172,175	2,172,175	.258514	.258514	.258514
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	58,112,371	2,172,175	60,284,546			
102	LESS OBSERVATION BEDS						
103	TOTAL	58,112,371	2,172,175	60,284,546			



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
53	LABORATORY	281,347	7,186	274,161			281,347
56	ELECTROCARDIOLOGY						
59	DRUGS CHARGED TO PATIENTS	1,421,041	26,822	1,394,219			1,421,041
60	OUTPATIENT PSYCH						
	OUTPAT SERVICE COST CNTRS						
	CLINIC	561,537	18,130	543,407			561,537
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	2,263,925	52,138	2,211,787			2,263,925
102	LESS OBSERVATION BEDS						
103	TOTAL	2,263,925	52,138	2,211,787			2,263,925

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
41	RADIOLOGY-DIAGNOSTIC			
44	LABORATORY	1,004,675	.280038	.280038
53	ELECTROCARDIOLOGY			
56	DRUGS CHARGED TO PATIENTS	3,404,067	.417454	.417454
59	OUTPATIENT PSYCH			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,172,175	.258514	.258514
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	6,580,917		
102	LESS OBSERVATION BEDS			
103	TOTAL	6,580,917		

Health Financial Systems MCRIF32 FOR RIVER EDGE HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS  
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/18/2009  
 I 14-4009 I FROM 1/ 1/2008 I WORKSHEET C  
 I TO 12/31/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
53	LABORATORY	281,347	7,186	274,161	719	15,901	264,727
56	ELECTROCARDIOLOGY						
59	DRUGS CHARGED TO PATIENTS	1,421,041	26,822	1,394,219	2,682	80,865	1,337,494
60	OUTPATIENT PSYCH						
	OUTPAT SERVICE COST CNTRS						
	CLINIC	561,537	18,130	543,407	1,813	31,518	528,206
101	OTHER REIMBURS COST CNTRS						
102	SUBTOTAL	2,263,925	52,138	2,211,787	5,214	128,284	2,130,427
103	LESS OBSERVATION BEDS						
	TOTAL	2,263,925	52,138	2,211,787	5,214	128,284	2,130,427

Health Financial Systems MCRIF32 FOR RIVER EDGE HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS  
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/18/2009  
 I 14-4009 I FROM 1/ 1/2008 I WORKSHEET C  
 I TO 12/31/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
41	ANCILLARY SRVC COST CNTRS			
44	RADIOLOGY-DIAGNOSTIC			
53	LABORATORY	1,004,675	.263495	.279322
56	ELECTROCARDIOLOGY			
59	DRUGS CHARGED TO PATIENTS	3,404,067	.392911	.416666
	OUTPATIENT PSYCH			
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	2,172,175	.243169	.257679
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	6,580,917		
102	LESS OBSERVATION BEDS			
103	TOTAL	6,580,917		

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/18/2009  
I 14-4009 I FROM 1/ 1/2008 I WORKSHEET D  
I I TO 12/31/2008 I PART I

PPS

## TITLE XVIII, PART A

WKST A	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,040,998		1,040,998
101	TOTAL				1,040,998		1,040,998

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/18/2009  
I 14-4009 I FROM 1/ 1/2008 I WORKSHEET D  
I I TO 12/31/2008 I PART I

PPS

## TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	39,330	7,401			26.47	195,904
101	TOTAL	39,330	7,401				195,904

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/18/2009  
 I 14-4009 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 14-4009 I

## TITLE XVIII, PART A

## HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
53	LABORATORY		7,186	1,004,675	214,036		
56	ELECTROCARDIOLOGY						
59	DRUGS CHARGED TO PATIENTS		26,822	3,404,067	966,307		
60	OUTPATIENT PSYCH						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		18,130	2,172,175			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		52,138	6,580,917	1,180,343		

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/18/2009
I	14-4009	I	FROM 1/ 1/2008	I	WORKSHEET D
I	COMPONENT NO:	I	TO 12/31/2008	I	PART II
I	14-4009	I		I	

PPS

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
41	ANCILLARY SRVC COST CNTRS		
44	RADIOLOGY-DIAGNOSTIC		
53	LABORATORY	.007153	1,531
56	ELECTROCARDIOLOGY		
59	DRUGS CHARGED TO PATIENTS	.007879	7,614
	OUTPATIENT PSYCH		
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.008346	
101	OTHER REIMBURS COST CNTRS		
	TOTAL		9,145



APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XVIII, PART A

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/18/2009
I	14-4009	I	FROM 1/ 1/2008	I	WORKSHEET D	
I		I	TO 12/31/2008	I	PART III	

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED EDUCATN	SWING BED	TOTAL	TOTAL	PER DIEM
LINE NO.		ANESTHETIST	COST	ADJ AMOUNT	COSTS	PATIENT DAYS	
		1	2	3	4	5	6
25	INPAT ROUTINE SRVC CNTRS					39,330	
101	ADULTS & PEDIATRICS					39,330	
	TOTAL						

Health Financial Systems MCRIF32 FOR RIVER EDGE HOSPITAL

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XVIII, PART A

IN LIEU OF FORM CMS-2552-96(11/1998)

I	PROVIDER NO:	I PERIOD:	I PREPARED 5/18/2009
I	14-4009	I FROM 1/ 1/2008	I WORKSHEET D
I		I TO 12/31/2008	I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
25	ADULTS & PEDIATRICS	7	8
101	TOTAL	7,401	7,401

Health Financial Systems MCRIF32 FOR RIVER EDGE HOSPITAL  
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005)  
I PROVIDER NO: I PERIOD: I PREPARED 5/18/2009  
I 14-4009 I FROM 1/ 1/2008 I WORKSHEET D  
I COMPONENT NO: I TO 12/31/2008 I PART IV  
I 14-4009 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST	SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	2	2.01	2.02	2.03
		1.01				
41	ANCILLARY SRVC COST CNTRS					
44	RADIOLOGY-DIAGNOSTIC					
53	LABORATORY					
56	ELECTROCARDIOLOGY					
59	DRUGS CHARGED TO PATIENTS					
60	OUTPATIENT PSYCH					
	OUTPAT SERVICE COST CNTRS					
	CLINIC					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
41	ANCILLARY SRVC COST CNTRS							
44	RADIOLOGY-DIAGNOSTIC							
53	LABORATORY			1,004,675			214,036	
56	ELECTROCARDIOLOGY							
59	DRUGS CHARGED TO PATIENTS			3,404,067			966,307	
	OUTPATIENT PSYCH							
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			2,172,175				
101	OTHER REIMBURS COST CNTRS							
	TOTAL			6,580,917			1,180,343	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
53	ELECTROCARDIOLOGY						
56	DRUGS CHARGED TO PATIENTS						
59	OUTPATIENT PSYCH						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 5/18/2009
I 14-4009	I FROM 1/ 1/2008	I WORKSHEET D-1
I COMPONENT NO:	I TO 12/31/2008	I PART I
I 14-4009	I	I

TITLE XVIII PART A

HOSPITAL

PPS

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	39,330
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	39,330
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	39,330
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	7,401
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	19,106,979
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	19,106,979

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	51,805,015
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	51,805,015
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.368825
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,317.19
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	19,106,979

## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 5/18/2009
I 14-4009	I FROM 1/ 1/2008	I WORKSHEET D-1
I COMPONENT NO:	I TO 12/31/2008	I PART II
I 14-4009	I	I

## TITLE XVIII PART A

## HOSPITAL

## PPS

## PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	485.81
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,595,480
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,595,480

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
--	------------------------	------------------------	--------------------------	----------------------	----------------------

42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				463,327
49	TOTAL PROGRAM INPATIENT COSTS				4,058,807

## PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	195,904
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	9,145
52	TOTAL PROGRAM EXCLUDABLE COST	205,049
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	3,853,758

## TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

## PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 5/18/2009
I 14-4009	I FROM 1/ 1/2008	I WORKSHEET D-1
I COMPONENT NO:	I TO 12/31/2008	I PART III
I 14-4009	I	I

TITLE XVIII PART A

HOSPITAL

PPS

## PART III - SKILLED NURSING FACILITY, NURSING FACILITY &amp; ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE  
SERVICE COST  
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
68 PROGRAM ROUTINE SERVICE COST  
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS  
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS  
72 PER DIEM CAPITAL-RELATED COSTS  
73 PROGRAM CAPITAL-RELATED COSTS  
74 INPATIENT ROUTINE SERVICE COST  
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION  
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION  
78 INPATIENT ROUTINE SERVICE COST LIMITATION  
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS  
80 PROGRAM INPATIENT ANCILLARY SERVICES  
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION  
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

## PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS  
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 485.81  
85 OBSERVATION BED COST

## COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		19,106,979			
87 NEW CAPITAL-RELATED COST	1,040,998	19,106,979	.054483		
88 NON PHYSICIAN ANESTHETIST		19,106,979			
89 MEDICAL EDUCATION		19,106,979			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					



## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 5/18/2009
I 14-4009	I FROM 1/ 1/2008	I WORKSHEET D-1
I COMPONENT NO:	I TO 12/31/2008	I PART I
I 14-4009	I	I

TITLE XIX - I/P

HOSPITAL

OTHER

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	39,330
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	39,330
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	39,330
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	29,187
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	18,896,913
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	18,896,913
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	51,805,015
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	51,805,015
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.364770
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,317.19
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	18,896,913

## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 5/18/2009
I 14-4009	I FROM 1/ 1/2008	I WORKSHEET D-1
I COMPONENT NO:	I TO 12/31/2008	I PART II
I 14-4009	I	I

TITLE XIX - I/P

HOSPITAL

OTHER

## PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	480.47
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	14,023,478
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	14,023,478

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
--	------------------------	------------------------	--------------------------	----------------------	----------------------

42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				1,111,648
49	TOTAL PROGRAM INPATIENT COSTS				15,135,126

## PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

## TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

## PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/18/2009
I	14-4009	I	FROM 1/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 12/31/2008	I	PART III
I	14-4009	I		I	

TITLE XIX - I/P

HOSPITAL

OTHER

## PART III - SKILLED NURSING FACILITY, NURSING FACILITY &amp; ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE  
SERVICE COST  
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
68 PROGRAM ROUTINE SERVICE COST  
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS  
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS  
72 PER DIEM CAPITAL-RELATED COSTS  
73 PROGRAM CAPITAL-RELATED COSTS  
74 INPATIENT ROUTINE SERVICE COST  
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION  
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION  
78 INPATIENT ROUTINE SERVICE COST LIMITATION  
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS  
80 PROGRAM INPATIENT ANCILLARY SERVICES  
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION  
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

## PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	480.47
85	OBSERVATION BED COST	

## COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/18/2009
I	14-4009	I	FROM 1/ 1/2008	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 12/31/2008	I	
I	14-4009	I		I	

## TITLE XVIII, PART A

## HOSPITAL

## PPS

WKST A	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
LINE NO.		1	2	3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		9,387,814	
41	ANCILLARY SRVC COST CNTRS			
44	RADIOLOGY-DIAGNOSTIC			
53	LABORATORY	.280038	214,036	59,938
56	ELECTROCARDIOLOGY			
59	DRUGS CHARGED TO PATIENTS	.417454	966,307	403,389
60	OUTPATIENT PSYCH			
	OUTPAT SERVICE COST CNTRS			
	CLINIC	.258514		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,180,343	463,327
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		1,180,343	

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/18/2009  
 I 14-4009 I FROM 1/ 1/2008 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 14-4009 I

## TITLE XIX

## HOSPITAL

## OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		37,828,099	
41	ANCILLARY SRVC COST CNTRS			
44	RADIOLOGY-DIAGNOSTIC			
53	LABORATORY	.280038	628,953	176,131
56	ELECTROCARDIOLOGY			
59	DRUGS CHARGED TO PATIENTS	.417454	2,241,005	935,517
	OUTPATIENT PSYCH			
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	.258514		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		2,869,958	1,111,648
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,869,958	

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/18/2009  
 I 14-4009 I FROM 1/ 1/2008 I WORKSHEET E-1  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 14-4009 I I

## TITLE XVIII

## HOSPITAL

## DESCRIPTION

INPATIENT-PART A P A R T B  
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT  
 1 2 3 4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  
 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS,  
 EITHER SUBMITTED OR TO BE SUBMITTED TO THE  
 INTERMEDIARY, FOR SERVICES RENDERED IN THE COST  
 REPORTING PERIOD. IF NONE, WRITE "NONE" OR  
 ENTER A ZERO.  
 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT  
 AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM  
 RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE  
 OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A  
 ZERO. (1)

ADJUSTMENTS TO PROVIDER	.01	8/15/2008	90,800	
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		90,800	NONE
4 TOTAL INTERIM PAYMENTS			4,802,445	

TO BE COMPLETED BY INTERMEDIARY

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT  
 AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.  
 IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99		NONE	NONE

6 DETERMINED NET SETTLEMENT SETTLEMENT TO PROVIDER .01  
 AMOUNT (BALANCE DUE) SETTLEMENT TO PROGRAM .02  
 BASED ON COST REPORT (1)

7 TOTAL MEDICARE PROGRAM LIABILITY

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/18/2009
I	14-4009	I	FROM 1/ 1/2008	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART	I
I	14-4009	I		I		

## PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS HOSPITAL

- 1 INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)
- 1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)
- 1.02 ENTER FROM THE PS&R, THE IRF PPS PAYMENT
- 1.03 MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)
- 1.04 INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)
- 1.05 OUTLIER PAYMENTS
- 1.06 TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)
- 1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)

- INPATIENT PSYCHIATRIC FACILITY (IPF)
- 1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS) 5,039,028
- 1.09 NET IPF PPS OUTLIER PAYMENTS
- 1.10 NET IPF PPS ECT PAYMENTS
- 1.11 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)
- 1.12 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)
- 1.13 CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.14 CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.15 INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)
- 1.16 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) 107.459016
- 1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR  $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .
- 1.18 MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).
- 1.19 ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18) 5,039,028
- 1.20 STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)
- 1.21 ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)
- 1.22 STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)
- 1.23 TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22) 5,039,028

- INPATIENT REHABILITATION FACILITY (IRF)
- 1.35 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)
- 1.36 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)
- 1.37 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.38 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.39 INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)
- 1.40 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)
- 1.41 MEDICAL EDUCATION ADJUSTMENT FACTOR  $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$ .
- 1.42 MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).

- 2 ORGAN ACQUISITION
- 3 COST OF TEACHING PHYSICIANS
- 4 SUBTOTAL (SEE INSTRUCTIONS) 5,039,028
- 5 PRIMARY PAYER PAYMENTS
- 6 SUBTOTAL 5,039,028
- 7 DEDUCTIBLES 515,569
- 8 SUBTOTAL 4,523,459
- 9 COINSURANCE
- 10 SUBTOTAL 4,523,459
- 11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV) 128,758
- 11.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 90,131
- 11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 47,769
- 12 SUBTOTAL 4,613,590
- 13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)
- 14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION
- 15 OTHER ADJUSTMENTS (SPECIFY)
- 15.99 OUTLIER RECONCILIATION ADJUSTMENT
- 16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/18/2009
I	14-4009	I	FROM 1/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I
I	14-4009	I		I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
HOSPITAL

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,613,590
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,802,445
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-188,855
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
	OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
	OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.



## CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/18/2009
I	14-4009	I	FROM 1/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART III
I	-	I		I	

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX		HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		15,135,126	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		15,135,126	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		15,135,126	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		37,828,099	
11	ANCILLARY SERVICE CHARGES		2,869,958	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		40,698,057	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		40,698,057	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		25,562,931	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		15,135,126	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		15,135,126	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		15,135,126	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		15,135,126	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		15,135,126	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)		7,188,916	
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		22,324,042	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		22,324,042	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		22,324,042	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX

HOSPITAL

OTHER  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)  
I PROVIDER NO: I PERIOD: I PREPARED 5/18/2009  
I 14-4009 I FROM 1/ 1/2008 I WORKSHEET E-3  
I COMPONENT NO: I TO 12/31/2008 I PART III  
I - I I

## BALANCE SHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/18/2009
I	14-4009	I	FROM 1/ 1/2008	I		
I		I	TO 12/31/2008	I	WORKSHEET G	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	-18,931			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	1,922,316			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	225,093			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	2,128,478			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13 LESS ACCUMULATED DEPRECIATION				
13.01 BUILDINGS	733,141			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	2,102,918			
18.01 LESS ACCUMULATED DEPRECIATION	-1,274,541			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	1,561,518			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	4,046,161			
26 TOTAL OTHER ASSETS	4,046,161			
27 TOTAL ASSETS	7,736,157			

## BALANCE SHEET

I  
I  
IPROVIDER NO:  
14-4009

I PERIOD:

I FROM 1/ 1/2008

I TO 12/31/2008

I PREPARED

5/18/2009

I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	343,869			
29 SALARIES, WAGES & FEES PAYABLE	737,823			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	-202,255			
36 TOTAL CURRENT LIABILITIES	879,437			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	-31,521,854			
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	-31,521,854			
43 TOTAL LIABILITIES	-30,642,417			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	38,378,574			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	38,378,574			
52 TOTAL LIABILITIES AND FUND BALANCES	7,736,157			

## STATEMENT OF CHANGES IN FUND BALANCES

## GENERAL FUND

1 2

1 FUND BALANCE AT BEGINNING 33,000,995  
OF PERIOD  
2 NET INCOME (LOSS) 5,377,579  
3 TOTAL 38,378,574  
ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)  
4 ADDITIONS (CREDIT ADJUSTM  
5  
6  
7  
8  
9  
10 TOTAL ADDITIONS  
11 SUBTOTAL 38,378,574  
DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)  
12 DEDUCTIONS (DEBIT ADJUSTM  
13  
14  
15  
16  
17  
18 TOTAL DEDUCTIONS  
19 FUND BALANCE AT END OF 38,378,574  
PERIOD PER BALANCE SHEET

## SPECIFIC PURPOSE FUND

3 4

## ENDOWMENT FUND

5 6

1 FUND BALANCE AT BEGINNING  
OF PERIOD  
2 NET INCOME (LOSS)  
3 TOTAL  
ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)  
4 ADDITIONS (CREDIT ADJUSTM  
5  
6  
7  
8  
9  
10 TOTAL ADDITIONS  
11 SUBTOTAL  
DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)  
12 DEDUCTIONS (DEBIT ADJUSTM  
13  
14  
15  
16  
17  
18 TOTAL DEDUCTIONS  
19 FUND BALANCE AT END OF  
PERIOD PER BALANCE SHEET

## PLANT FUND

7 8

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/18/2009
I	14-4009	I	FROM 1/ 1/2008	I	WORKSHEET	G-2
I		I	TO 12/31/2008	I	PARTS I & II	

## PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	51,805,015		51,805,015
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
8 00 OTHER LONG TERM CARE	1,898,614		1,898,614
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	53,703,629		53,703,629
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	53,703,629		53,703,629
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	4,408,741		4,408,741
17 00 ANCILLARY SERVICES		2,172,175	2,172,175
18 00 OUTPATIENT SERVICES		31,901	1,767,490
24 00 PHYSICIAN	1,735,589		
25 00 TOTAL PATIENT REVENUES	59,847,959	2,204,076	62,052,035

## PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		27,230,450
ADD (SPECIFY)		
27 00 ADD (SPECIFY)		
28 00 BAD DEBTS	52,188	
29 00		
30 00		
31 00		
32 00		
33 00 TOTAL ADDITIONS		52,188
DEDUCT (SPECIFY)		
34 00 DEDUCT (SPECIFY)		
35 00		
36 00		
37 00		
38 00		
39 00 TOTAL DEDUCTIONS		
40 00 TOTAL OPERATING EXPENSES		27,282,638

## STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	14-4009	I	FROM 1/ 1/2008	I	5/18/2009
I		I	TO 12/31/2008	I	WORKSHEET G-3

## DESCRIPTION

1	TOTAL PATIENT REVENUES	62,052,035
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	29,470,963
3	NET PATIENT REVENUES	32,581,072
4	LESS: TOTAL OPERATING EXPENSES	27,282,638
5	NET INCOME FROM SERVICE TO PATIENTS	5,298,434
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	39,239
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	203
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	1,587
22	RENTAL OF HOSPITAL SPACE	28,493
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	9,626
25	TOTAL OTHER INCOME	79,148
26	TOTAL	5,377,582
	OTHER EXPENSES	
27	ROUNDING	3
28		
29		
30	TOTAL OTHER EXPENSES	3
31	NET INCOME (OR LOSS) FOR THE PERIOD	5,377,579